

**RCE FILED 10-25-04**  
**PATENT APPLICATION FEE DETERMINATION RECORD**  
 Effective October 1, 2004

Application or Docket Number

09847667

RCE

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 17 minus 20 = | -            |
| INDEPENDENT CLAIMS  | 4 minus 4 =   | -            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 395.00 | OR | BASIC FEE | 790.00 |
| XS 9=     |        | OR | XS18=     | -      |
| X44=      |        | OR | X88=      | -      |
| +145=     |        | OR | +290=     | -      |
| TOTAL     |        | OR | TOTAL     | 790.00 |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY

OTHER THAN SMALL ENTITY

| RATE            | ADDITIONAL FEE |    | RATE            | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9=           |                | OR | XS18=           |                |
| X44=            |                | OR | X88=            |                |
| +145=           |                | OR | +290=           |                |
| TOTAL ADDIT FEE |                | OR | TOTAL ADDIT FEE |                |

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE            | ADDITIONAL FEE |    | RATE            | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| X59=            |                | OR | X518=           |                |
| X44=            |                | OR | X88=            |                |
| +145=           |                | OR | +290=           |                |
| TOTAL ADDIT FEE |                | OR | TOTAL ADDIT FEE |                |

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE            | ADDITIONAL FEE |    | RATE            | ADDITIONAL FEE |
|-----------------|----------------|----|-----------------|----------------|
| XS 9=           |                | OR | XS18=           |                |
| X44=            |                | OR | X88=            |                |
| +145=           |                | OR | +290=           |                |
| TOTAL ADDIT FEE |                | OR | TOTAL ADDIT FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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